# 2021 Care-Based Incentives

## Programmatic Measure Benchmarks & Performance Improvement

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

PROVIDER INCENTIVES

Updated: June 7, 2021

**HEALTHY** PEOPLE. **HEALTHY** COMMUNITIES.

www.ccah-alliance.org

The Care-Based Incentives (CBI) program is composed of Programmatic and Fee-For-Service measures. These measures vary in the frequency in which they are paid and the incentive payment calculation. All Programmatic measures (with the exception of new measures) qualify for Performance Improvement points, as well as regular programmatic points. For additional details on Fee-For-Service incentives, see the 2021 CBI Incentive Summary.

The **2021 Programmatic Benchmarks** indicate the rate of performance a provider site must achieve in order to receive points for a measure and remain consistent throughout the year. Total CBI year end payments are dependent on the total number of points a provider site receives. The final programmatic payment amounts are calculated using:

1. Total programmatic points received,
2. Total number of eligible member months, and
3. Distribution percentages determined by comparison to the totals for CBI Providers of the same comparison group (pediatrics, internal medicine and primary care).

For additional information on final payment calculations, contact your Provider Services representative.

The following tables include details on 2021 programmatic performance goals and corresponding point allocation for Care Coordination - Access Measures, Care Coordination - Hospital & Outpatient Measures, Quality of Care Measures, and Exploratory Measures.

## 2021 Care Coordination - Access Measure Benchmarks

Provider sites are awarded Care Coordination- Access Measure points based on the degree to which they exceed a 2.5% improvement over their comparison group's 2019 median score for Post Discharge Care and Initial Health Assessments (IHA), or pre-defined plan benchmark rates for Application of Dental Fluoride Varnish, Developmental Screening in the First Three Years and Unhealthy Alcohol use in Adolescents and Adults, as outlined below. Care Coordination- Access measures are comparison group specific (i.e. Family Practice, Pediatrics, and Internal Medicine) for IHA and Post Discharge, but are not for Application of Dental Fluoride Varnish, Unhealthy Alcohol Use in Adolescents & Adults, and Developmental Screening. **Please Note:** A higher rate indicates a higher level of performance.

| Access Measures – Program Year 2021 Rates | | | | | |
|---|---|---|---|---|---|
| Application of Dental Fluoride Varnish | | Developmental Screening in the First Three Years | | Unhealthy Alcohol Use in Adolescents & Adults | |
| Benchmarks | Points Received | Benchmarks | Points Received | Benchmarks | Points Received |
| ≥ 15.00% | 2 | ≥ 40.00% | 2 | ≥ 12.50% | 3 |
| 12.50-14.99% | 1.6 | 38.25-39.99% | 1.6 | 10.00-12.49% | 2.4 |
| 10.00-12.49% | 1.2 | 36.50-38.24% | 1.2 | 7.50-9.99% | 1.8 |
| 7.50-9.99% | 0.8 | 34.75-36.49% | 0.8 | 5.00-7.49% | 1.2 |
| 5.00-7.49% | 0.4 | 33-34.74% | 0.4 | 2.50-4.99% | 0.6 |
| < 5.00% | 0 | < 33.00% | 0 | < 2.50% | 0 |

## 2021 Care Coordination - Access Measure Benchmarks *Continued*

| Access Measures – Program Year 2021 Rates *Continued* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Improvement Above Benchmark | Initial Health Assessment | | | | Post-Discharge | | | |
| | Benchmarks | | | | Benchmarks | | | |
| | Family Practice | Internal Med.* | *Peds | Points Received | Family Practice | Internal Med.* | *Peds | Points Received |
| ≥ 8.00% | ≥ 54.65 | ≥ 32.63 | ≥ 86.63 | 5 | ≥ 37.91 | ≥ 43.52 | ≥ 61.86 | 6.0 |
| 6.00%-7.99% | 53.63 - 54.64 | 32.02 - 32.62 | 85.03 - 86.62 | 4 | 37.21 - 37.90 | 42.72 - 43.51 | 60.71 - 61.85 | 4.8 |
| 4.00-5.99% | 52.62 - 53.62 | 31.42 - 32.01 | 83.42 - 85.02 | 3 | 36.51 - 37.20 | 41.91 - 42.71 | 59.57 - 60.70 | 3.6 |
| 2.00-3.99% | 51.61 - 52.61 | 30.81 - 31.41 | 81.82 - 83.41 | 2 | 35.80 - 36.50 | 41.10 - 41.90 | 58.42 - 59.56 | 2.4 |
| 0.00-1.99% | 50.60 - 51.60 | 30.21 - 30.80 | 80.21 -81.81 | 1 | 35.10 - 35.79 | 40.30 - 41.09 | 57.28 - 58.41 | 1.2 |
| ≤ 2.49% | ≤ 50.59 | ≤ 30.20 | ≤ 80.20 | 0 | ≤ 35.09 | ≤ 40.29 | ≤ 57.27 | 0 |

## 2021 Care Coordination - Hospital & Outpatient Measure Benchmarks

Provider sites are awarded Care Coordination- Hospital & Outpatient Measure points based on the degree to which they exceed a 2.5% improvement over their comparison group's 2019 median score for Ambulatory Care Sensitive Admissions and Preventable Emergency Visits, or pre-defined plan benchmark rates for Plan All-Cause Readmission. Care Coordination-Hospital Measure benchmarks are comparison group specific (i.e. Family Practice, Internal Medicine and Pediatrics) for Ambulatory Care Sensitive Admissions and Preventable Emergency Visits with rates are measured in number of qualifying instances per thousand member per year (PKPY) but are not for Plan All-Cause Readmission. **Please Note:** Lower rates indicated higher levels of performance.

| Hospital & Outpatient Measures – Program Year 2021 Rates | |
|---|---|
| Plan All-Cause Readmissions | |
| Benchmarks | Points Received |
| ≤ 15.00% | 15 |
| 15.01-17.51% | 12 |
| 17.52-20.02% | 9 |
| 20.03-22.53% | 6 |
| 22.54-25.00% | 3 |
| >25.00% Below Benchmark | 0 |

## 2021 Care Coordination - Hospital & Outpatient Measure Benchmarks *Continued*

| Hospital & Outpatient Measures – Program Year 2021 Rates *Continued* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Improvement Above Benchmark | Ambulatory Care Sensitive Admissions *PKPY | | | | Preventable Emergency Visits *PKPY | | | |
| | Benchmarks | | | | Benchmarks | | | |
| | Family Practice | Internal Med.* | Peds.* | Points | Family Practice | Internal Med.* | Peds.* | Points |
| ≤ 8.00% | ≤ 3.44 | ≤ 1.07 | ≤ 1.22 | 10 | ≤ 80.97 | ≤ 89.51 | ≤ 71.90 | 12 |
| 6.00-7.99% | 3.52 - 3.45 | 1.09 - 1.08 | 1.25 - 1.23 | 8 | 82.73 - 80.98 | 91.46 - 89.52 | 73.46 - 71.91 | 9.6 |
| 4.00-5.99% | 3.59 - 3.53 | 1.11 - 1.10 | 1.27 - 1.26 | 6 | 84.49 - 82.74 | 93.40 - 91.47 | 75.03 - 73.47 | 7.2 |
| 2.00-3.99% | 3.67 - 3.60 | 1.14 - 1.12 | 1.30 - 1.28 | 4 | 86.25 - 84.50 | 95.35 - 93.41 | 76.59 - 75.04 | 4.8 |
| 0.00-1.99% | 3.74 - 3.68 | 1.16 - 1.15 | 1.33 - 1.31 | 2 | 88.01 - 86.26 | 97.30 - 95.36 | 78.15 - 76.60 | 2.4 |
| Below Benchmark | ≥ 3.75 | ≥ 1.17 | ≥ 1.34 | 0 | ≥ 88.02 | ≥ 97.31 | ≥ 78.16 | 0 |

**$*_1$ PKPY - Per 1,000 Members Per Year** **$*_2$ Internal Med. - Internal Medicine** **$*_3$ Peds - Pediatricians**

## 2021 Quality of Care Benchmarks

Provider sites are awarded Quality of Care (QoC) points based on the degree to which they meet or exceed the NCQA Medicaid benchmark. Points are calculated using the Benchmark Ranking below. Quality of Care benchmarks are not comparison group specific. CBI 2021 benchmarks will remain constant for the year and are based on NCQA rates for reporting year 2021 (measurement year 2020). **Please Note:** Higher rates indicate a higher level of performance except for Diabetic HbA1c Poor Control where lower rates indicates a higher level of performance.

| Quality of Care Measures - Program Year 2021 Rates | | | | | | |
|---|---|---|---|---|---|---|
| **NCQA Percentile** | **CBI Points Received** | **Antidepressant Medication Management** | **Asthma Medication Ratio** | **BMI Assessment: Children & Adolescent** | **Cervical Cancer Screening** | **Child & Adolescent Well-Care Visits (3-21)*** |
| **90th or Above Plan Goal** | **Maximum Points** | ≥ 64.29 % | ≥ 73.38 % | ≥ 90.77 % | ≥ 72.68 % | ≥ 72.40 % |
| **76th-89th** | **¾ of Maximum Points** | 58.94-64.28 % | 68.14-73.37 % | 87.24-90.76 % | 67.41-72.67 % | 67.40-72.39 % |
| **50th-75th** | **½ of Maximum Points** | 53.57-58.93 % | 62.43-68.13 % | 80.50-87.23 % | 61.31-67.40 % | 62.40-67.39 % |
| **25th-49th** | **Zero Points** | 50.58-53.56 % | 57.59-62.42 % | 71.29-80.49 % | 55.23-61.30 % | 57.40-62.39 % |
| **24th or Below** | | 0.00-50.37 % | 0.00-57.58 % | 0.00-71.28 % | 0.00-55.22 % | 0.00-57.39% |

***Measure based on pre-defined plan benchmark rates.**

## 2021 Quality of Care Benchmark *Continued*

| Quality of Care Measures - Program Year 2021 Rates *Continued* | | | | | | |
|---|---|---|---|---|---|---|
| **NCQA Percentile** | **CBI Points Received** | **Diabetic HbA1c Poor Control >9.0%** | **Immunizations: Adolescents** | **Immunizations: Children (Combo 10)** | **Maternity Care: Postpartum** | **Maternity Care: Prenatal** |
| **90th or Above Plan Goal** | **Maximum Points** | ≤ 27.98 % | ≥ 50.85 % | ≥ 52.07% | ≥ 84.18 % | ≥ 95.86 % |
| **76th-89th** | **¾ of Maximum Points** | 32.84-27.99 % | 43.07-50.84 % | 44.78-52.06 % | 80.90-84.17 % | 92.95-95.85 % |
| **50th-75th** | **½ of Maximum Points** | 37.47-32.85 % | 36.86-43.06 % | 37.47-44.77 % | 76.40-80.89 % | 89.05-92.94 % |
| **25th-49th** | **Zero Points** | 45.96-37.48 % | 31.02-36.85 % | 30.17-37.46 % | 71.30-76.39 % | 84.18-89.04 % |
| **24th or Below** | | 0.00-45.95 % | 0.00-31.01% | 0.00-30.16 % | 0.00-71.29 % | 0.00-84.17 % |

| **NCQA Percentile** | **CBI Points Received** | **Well-Child Visits in the First 15 Months of Life** |
|---|---|---|
| **90th or Above Plan Goal** | **Maximum Points** | ≥ 77.08 % |
| **76th-89th** | **¾ of Maximum Points** | 73.00-77.07 % |
| **50th-75th** | **½ of Maximum Points** | 67.88-72.99 % |
| **25th-49th** | **Zero Points** | 61.31-67.87 % |
| **24th or Below** | | 0.00-61.30% |

**CBI Points Received:** For Quality of Care measures the maximum number of points available per measure varies depending on the number of measures the provider site qualifies for, **see grid below**. See CBI Incentive Summary for minimum membership eligibility criteria.

| **Quality of Care (QOC) Measures**<br><br>**Provider must have ≥5 continuously eligible members to quality for a measure** | **Number of Qualifying Measures** | **Maximum Points per Measure** |
|---|---|---|
| | 1 | 35.00 |
| | 2 | 17.5 |
| | 3 | 11.67 |
| | 4 | 8.75 |
| | 5 | 7.0 |
| | 6 | 5.8 |
| | 7 | 5.0 |
| | 8 | 4.38 |
| | 9 | 3.9 |
| | 10 | 3.5 |
| | 11 | 3.18 |

## 2021 Exploratory Measures

Provider sites can monitor performance in Exploratory Measures. These measures are under consideration for possible inclusion of payment in the upcoming CBI year. Payments are not made for these measures in the current CBI year:

| Exploratory Quality of Care Measures - Program Year 2021 Rates | | | | | |
|---|---|---|---|---|---|
| NCQA Percentile | CBI Points* | Breast Cancer Screening | Chlamydia Screening in Women | Controlling High Blood Pressure | Lead Screening in Children |
| 90th or Above Plan Goal | Maximum Points | ≥ 69.22 % | ≥ 71.42 % | ≥ 72.75 % | ≥ 86.62 % |
| 76th-89th | ¾ of Maximum Points | 64.07-69.21 % | 66.27-71.41 % | 67.65-72.74 % | 81.03-86.61 % |
| 50th-75th | ½ of Maximum Points | 58.82-64.06 % | 58.44-66.26 % | 61.80-67.64 % | 73.11-81.02 % |
| 25th-49th | Zero Points | 52.85-58.81 % | 51.34-58.43 % | 54.01-61.79 % | 63.48-73.10 % |
| 24th or Below | | 0.00-52.84 % | 0.00-51.33 % | 0.00-54.00 % | 0.00-63.47 % |

***If the NCQA HEDIS® exploratory measures moved to programmatic status, the following NCQA Percentiles would be applied to the CBI points. As an exploratory measure, CBI group rates are compared to the Plan Goal.**

| Exploratory Measures - Program Year 2021 Rates *(Continued)* | |
|---|---|
| Measure | Benchmark |
| **90-Day Referral Completion**** | ≥ 65.00% |
| **Immunizations: Adults**** | ≥ 36.27% |
| **Tuberculosis (TB) Risk Assessment**** | ≥ 25.00% |

****Alliance defined plan goal.**

## 2021 Performance Improvement

Performance Improvement points are part of the Programmatic portion of the Alliance Care-Based Incentive (CBI) program. Performance Improvement points are awarded to providers for improving their performance in a specific measure over the prior year, or for maintaining excellent performance.
PCPs shall be awarded performance improvement points for each Quality of Care and Care Coordination Measures for either:

1. Meeting or exceeding the plan goal, **or**
2. Achieving a 5% (Care Coordination measures) or five percentage point (Quality of Care measures) improvement over the prior year.

**REGARDING NEW MEASURES:** New measures and measures that were formerly scored as provisionary do not have quality scores from prior years. For this reason, it is **only** possible to receive Performance Improvement points for these measures by meeting the Plan Goal. If providers do not meet the Plan Goal for the measures indicated below, their points will be redistributed among the other measures their site qualifies for.

- Application of Dental Fluoride Varnish
- Child and Adolescent Well-Care Visits
- Plan All-Cause Readmission
- Unhealthy Alcohol Use in Adolescents and Adults
- Well-Child Visits First 15 Months

**Measures that Qualify for Plan Goal and Performance Improvement:** Measures that qualify for Plan Goal and Performance Improvement points are paid measures that were included in the previous CBI program year, which include:

- Ambulatory Care Sensitive Admissions
- Antidepressant Medication Management
- Asthma Medication Ratio
- BMI Index Assessment: Children & Adolescent
- Cervical Cancer Screening
- Developmental Screening in the First Three Years
- Diabetic HbA1c Poor Control >9.0%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Initial Health Assessments
- Maternity Care: Postpartum Visit
- Maternity Care: Prenatal
- Preventable Emergency Visits
- Post-Discharge Care

## Plan Goals

| Care Coordination – Access Measures | | |
|---|---|---|
| **Measures** | **Comparison Group (Care Coordination Measures)** | **Plan Goal** |
| **Application of Dental Fluoride Varnish** | N/A | ≥ 12.50% |
| **Developmental Screening in First 3 Years** | N/A | ≥ 40.00% |
| **Initial Health Assessment** | Family Practice | ≥ 54.65% |
| | Internal Medicine | ≥ 32.63% |
| | Pediatrics | ≥ 86.63% |
| **Post-Discharge Care** | Family Practice | ≥ 37.91% |
| | Internal Medicine | ≥ 43.52% |
| | Pediatrics | ≥ 61.86 % |
| **Unhealthy Alcohol Use in Adolescents & Adults** | N/A | ≥ 12.50% |

| Care Coordination – Hospital & Outpatient Measures | | |
|---|---|---|
| **Measures** | **Comparison Group (Care Coordination Measures)** | **Plan Goal** |
| **Ambulatory Care Sensitive Admissions** | Family Practice | ≤ 3.44% *PKPY |
| | Internal Medicine | ≤1.07% *PKPY |
| | Pediatrics | ≤ 1.22% *PKPY |
| **Plan All-Cause Readmission** | N/A | ≤ 15.00%*PKPY |
| **Preventable Emergency Visits** | Family Practice | ≤ 80.97% *PKPY |
| | Internal Medicine | ≤ 89.51% *PKPY |
| | Pediatrics | ≤ 71.90% *PKPY |

| Care Coordination – Hospital & Outpatient Measures | |
|---|---|
| **Measures** | **Plan Goal** |
| **Antidepressant Medication Management** | ≥ 64.29% |
| **Asthma Medication Ratio** | ≥ 73.38% |
| **BMI Assessment: Children & Adolescent** | ≥ 90.77% |
| **Cervical Cancer Screening** | ≥ 72.68% |
| **Child and Adolescent Well-Care Visits (3-21)** | ≥ 72.40% |
| **Diabetic HbA1C Poor Control >9.0%** | ≤ 27.98% |
| **Immunizations: Adolescents** | ≥ 50.85% |
| **Immunizations: Childhood (Combo 10)** | ≥ 52.07% |
| **Maternity Care: Postpartum** | ≥ 84.18% |
| **Maternity Care: Prenatal** | ≥ 95.86% |
| **Well-Child Visits In First 15 Months of Life** | ≥ 77.08% |

***1PKPY - Per 1,000 Members Per Year**

## Performance Improvement Point Allocation

Performance Improvement is worth a total of 10 potential CBI points, divided among all measures for which the PCP qualifies. PCPs qualify for measures by meeting the applicable member requirements set out by the measure (≥5 eligible members for Quality of Care measures and ≥100 eligible members for Care Coordination measures). The total number of Performance Improvement points each measure is worth is determined by the total number of measures for which the PCP qualifies. **See grid below.**

| | Number of Qualifying Measures | Maximum Points Per Measure |
|---|---|---|
| Performance Improvement Point Qualifications | 1 | 10.00 |
| | 2 | 5.00 |
| | 3 | 3.33 |
| | 4 | 2.50 |
| | 5 | 2.00 |
| | 6 | 1.67 |
| | 7 | 1.43 |
| | 8 | 1.25 |
| | 9 | 1.11 |
| | 10 | 1 |
| | 11 | .91 |
| | 12 | .83 |
| | 13 | .77 |
| | 14 | .71 |
| | 15 | 0.67 |
| | 16 | 0.63 |
| | 17 | 0.59 |
| | 18 | 0.53 |
| | 19 | 0.52 |